Application Data Sheet

| Application Information | |
|----------------------------------|------------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | NON-INVASIVE METHOD AND |
| | APPARATUS TO DETECT AND |
| | MONITOR EARLY MEDICAL SHOCK, |
| | AND RELATED CONDITIONS |
| Attorney Docket Number:: | SHANI1A |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 7 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Israel |

Status:: Full Capacity

Given Name:: Haim

Middle Name::

Family Name:: SHANI

Name Suffix::

City of Residence:: Shaham

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 83 Adolam Street

City of Mailing Address:: Shaham

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 73142

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Itai

Middle Name::

Family Name:: SHAVIT

Name Suffix::

City of Residence:: Nahariya

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 58A Herzl Street

City of Mailing Address:: Nahariya

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 22401

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

This Application

Continuation-in-Part of

10/056,064

01/28/02

which is a

Continuation-in-Part of

PCT/IL00/00443

07/25/00

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Israel

131108

07/26/99

Yes

Israel

131245

08/04/99

Yes

Israel

PCT/IL00/00443

07/25/00

Yes

Assignment Information

Assignee Name::

CARDIOSENSE

Street of Mailing Address::

P.O. Box 212

City of Mailing Address::

Nesher

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

36601